Table 8.B6.—Hospital Insurance: Number of bills approved for payment and amount reimbursed, by type of benefit and type of beneficiary, 1966–98

[In thousands. Includes only approved bills recorded in the Health Care Financing Administration records before March 31, 1999]

	Total ¹		Inpatient hospital ²		Home health		Skilled-nursing facilities ³	
Year approved	Number	Amount reimbursed	Number	Amount reimbursed	Number	Amount reimbursed	Number	Amount reimbursed
				Total				
1966 1970 1975	1,979 7,512 10,318	\$824,367 4,855,161 10,414,195	1,866 6,313 8,687	\$821,362 4,578,080 10,006,206	34 571 1,07	\$2,113 46,896 145,631	627 553	\$230,183 262,358
1980	13,866	23,200,897	11,088	22,367,454	2,266	473,805	512	359,638
1985	15,615	37,533,351	10,352	35,414,544	4,747	1,656,411	515	462,396
1987	15,527	41,076,274	10,342	38,646,919	4,632	1,796,454	481	553,036
1988	15,608	43,507,272	10,283	40,736,827	4,608	1,889,195	597	753,494
1989	16,628	49,711,315	10,083	44,673,409	4,962	2,218,971	1,406	2,595,128
1990	18,601	54,945,466	10,563	49,073,758	6,420	3,323,471	1,405	2,232,385
	20,878	62,524,828	10,832	54,767,853	8,366	5,036,914	1,375	2,243,271
	24,137	76,907,208	11,548	65,795,031	10,436	7,093,126	1,638	3,135,100
	26,675	82,547,776	11,277	67,541,404	12,793	9,570,922	1,919	4,249,996
	29,824	91,060,249	11,659	71,643,912	15,037	12,142,181	2,255	5,689,462
1995 1996 1997 1998 ⁶	33,245 34,543 35,162 25,195	102,112,413 108,485,843 113,593,325 103,839,761	12,058 11,965 12,076 11,914	77,542,246 80,600,536 83,469,711 82,230,528	17,510 18,507 18,665 8,849	15,117,982 16,420,316 16,754,545 7,651,524	2,663 3,004 3,263 3,220	7,537,813 9,450,872 11,235,779 11,706,891
	Persons aged 65 or older ⁴							
1973	8,080	\$6,550,708	6,980	\$6,297,814	624	\$60,549	476	\$192,345
1975	9,389	9,429,866	7,844	9,041,321	1,009	135,687	536	252,859
1980	12,287	20,357,667	9,705	19,580,817	2,097	436,589	485	340,250
1985	14,063	33,325,618	9,160	31,348,094	4,404	1,530,937	499	446,587
1987	13,999	36,627,064	9,159	34,355,504	4,307	1,664,255	465	532,334
1988	14,128	38,938,452	9,141	36,336,949	4,296	1,755,696	577	724,821
1989	15,039	44,200,304	8,901	39,460,554	4,624	2,059,947	1,347	2,468,838
1990	16,886	48,945,735	9,347	43,425,616	5,988	3,090,502	1,349	2,131,690
1991	18,989	55,704,568	9,565	48,415,586	7,810	4,686,633	1,325	2,152,813
1992	21,930	68,392,946	10,129	57,954,552	9,736	6,593,055	1,579	3,012,686
1993	24,221	73,189,681	9,828	59,143,290	11,898	8,851,159	1,848	4,079,698
1994	27,004	80,366,275	10,089	62,226,779	13,926	11,205,597	2,166	5,444,710
1995	29,999	89,705,886	10,358	66,856,897	16,139	13,868,913	2,550	7,188,849
1996	31,045	94,935,230	10,194	69,069,669	16,982	14,992,362	2,868	8,989,444
1997 1998 ⁶	31,592 22,387	99,427,952 90,111,268	10,296 10,100	71,500,016 69,961,317	17,097 8,083	15,254,422 6,937,802	3,108 3,060	10,670,060 11,092,306
	Disabled persons ⁵							
1973	215	\$173,178	206	\$170,850	6	\$692	4	\$1,637
	929	984,329	843	964,885	69	9,944	17	9,499
	1,545	2,773,750	1,357	2,722,587	168	37,199	18	13,965
	1,772	4,174,624	1,407	4,052,658	346	105,995	18	15,971
	1,612	4,005,159	1,232	3,868,195	363	121,589	17	15,375
1985	1,552	4,207,733	1,192	4,066,450	343	125,474	16	15,809
1987	1,528	4,449,211	1,183	4,291,415	325	132,199	16	20,702
1988	1,480	4,568,819	1,142	4,399,878	312	133,498	20	28,673
1989	1,589	5,511,011	1,182	5,212,855	338	159,025	59	126,290
1990	1,715	5,999,731	1,216	5,648,141	431	232,969	56	100,695
1991	1,889	6,820,260	1,267	6,352,267	555	350,282	50	90,459
1992	2,207	8,514,262	1,419	7,840,479	701	500,071	59	122,414
1993	2,454	9,358,094	1,448	8,398,114	895	719,762	71	170,298
1994	2,821	10,693,974	1,570	9,417,133	1,111	936,584	89	244,752
1995	3,246	12,406,526	1,700	10,685,348	1,371	1,249,069	113	348,964
1996	3,498	13,550,613	1,771	11,530,867	1,525	1,427,955	136	461,428
1997	3,570	14,165,372	1,780	11,969,695	1,568	1,500,123	154	565,720
1998 ⁶	2,807	13,727,493	1,813	12,269,211	768	713,722	159	614,585

¹ Data on approved bills for hospice services are included in total after 1986.

CONTACT: Maria Diacogiannis (410) 786-0178 for further information.

² The Social Security Amendments of 1983 (P.L. 98-21) replace (for most hospitals) the retrospective cost reimbursement system and the cost-per-case limits and rate of increase ceiling created by the Tax Equity and Fiscal Responsibility Act of 1982. Effective with hospital cost-reporting periods beginning on or after Oct. 1, 1983, Medicare payments for inpatient operating costs are to be based on a fixed amount, determined in advance, for each case, according to one of 511 diagnosis related groups (DRGs) into which a case is classified. The prospective payment is considered payment in full; hospitals are prohibited from charging beneficiaries more than the statutory deductible and coinsurance. Additional payments, determined by nondiagnostic criteria, are made to hospitals by the program for various "pass-through" costs and additional adjustments. These additional payments are not included in the inpatient hospital billing amounts reimbursed shown in this table.

³ Coverage began Jan. 1, 1967.

⁴ Beginning Oct. 1, 1978, includes a relatively small number of persons entitled to benefits solely because of end-stage renal disease.

⁵ Includes a relatively small number of persons under age 65 entitled to benefits solely because of end-stage renal disease.

⁶Data for 1998 are incomplete due to bill processing lags. Due to BBA provisions, Part A now has a 100 visit limit and additional Home Health services will be billed under